

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS AT CREEKSIDE ESTATES (0009038)

Address: 6180 S CREEKSIDE DR, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 04/01/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094111 **End Date:** 01/18/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Survey ID: 0091964 **End Date:** 01/16/2004 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008663 Served 02/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	01/26/2005	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	01/05/2005	Yes
83.13(7)(a)	EMPLOYEE PERSONNEL RECORD	01/05/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	01/05/2005	Yes
83.21(4)(o)	MEDICATIONS	01/05/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	01/05/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	01/05/2005	Yes
83.33(2)(a)	SUPERVISION	01/05/2005	No
83.35(3)(a)	MENU PLANNING	01/05/2005	No
83.35(3)(b)	MENU DATED AND KEPT ON FILE	01/05/2005	Yes
83.55(4)(e)	SAFETY	01/05/2005	No

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Enforcement History

Date: 02/14/2005 SOD #10009067 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(2)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.55(4)(e)

Date: 02/16/2004 SOD #10008663 Appealed: No

Sanctions

FORFEITURE---83.13(7)(a)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 01/06/2004

Date Investigation Completed: 01/16/2004

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
10008663

Date Complaint Received: 10/03/2003

Date Investigation Completed: 12/09/2003

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
NOT RECORDED
10008663
NOT RECORDED

Date Complaint Received: 09/12/2003

Date Investigation Completed: 01/06/2004

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/11/2003

Date Investigation Completed: 01/07/2004

Subject Area(s)
NUTRITION & FOOD SERVICES
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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